

SIADH Following General Anesthesia

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Our Case:

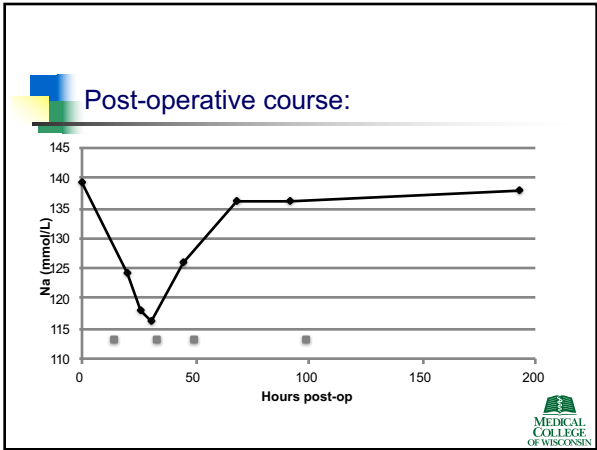
- 74 year old women presenting for total vaginal hysterectomy
- Past medical history: HTN
- Past surgical history: no complications
- ASA 2

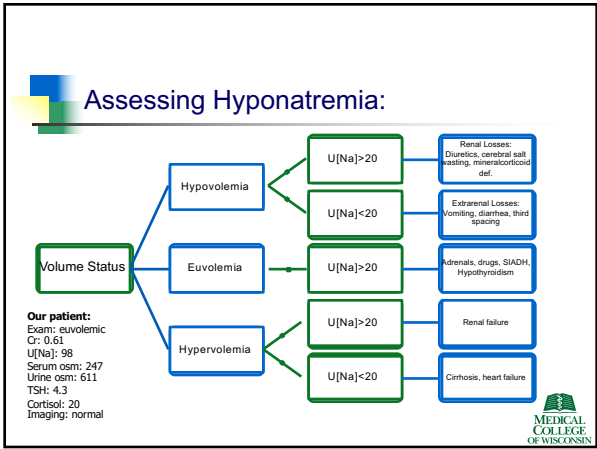


Intraoperative:

- Anesthetic Plan: GETA
- Hemodynamically stable
- Fluids: 1250 LR
- EBL: 200 ml
- Intraoperative medications:
 - Midazolam
 - 1% Lidocaine
 - Propofol
 - Rocuronium
 - Fentanyl
 - Hydromorphone
 - Ephedrine
 - Dexamethasone
 - Ondansetron
 - Glycopyrrolate
 - Neostigmine
 - Gentamicin
 - Clindamycin
 - Sevoflurane







Etiology of SIADH in our patient?

- CNS pathology
- Pulmonary pathology
- Neoplasia
- Drug induced
- Stress response



Conclusions:

- Surgical/anesthetic stress may cause SIADH
- Even the routine may not be so routine...
- Recovery extends beyond the PACU

Pillai BP, Unnikrishnan AG, Pavithran PV. Syndrome of inappropriate antidiuretic hormone secretion: Revisiting a classical endocrine disorder. Indian J Endocrinol Metab; 2011(Suppl 3):S208-S215.